

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute of form 1449/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	
				Filing Date	
				First Name Inventor	
				Group Art Unit	
				Examiner Name	
Sheet	1	of	2	Attorney Docket Number	
				010398-9065-02	

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
		4,713,995	Davi	12/22/1987
		3,756,625	Abilgaard et al.	9/4/1973
		3,826,168	Groswith, III et al.	7/30/1974
		5,740,712	Watkins et al	4/21/1998
		5,683,218	Mori	11/4/1997
		5,431,519	Baumann	7/11/1995
		5,273,387	Groswith, III et al.	12/28/1993
		5,163,350	Groswith, III et al.	11/17/1992
		5,007,782	Groswith, III et al.	4/16/1991
		4,833,958	Abildgaard et al.	5/30/1989
		4,077,288	Holland	3/7/1978
		3,793,660	Sims	2/26/1974
		383,200	Weber et al.	5/22/1888
		5,040,411	Tamura	8/1/1991
		5,247,863	Cohen	9/1/1993
		5,664,473	Huang	9/1/1997
		4,499,805	Mori	2/1/1985

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute of form 1449/PTO				<b>C mplete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)				<b>Application Number</b>	
				<b>Filing Date</b>	
				<b>First Name Inventor</b> Jon Godston	
				<b>Group Art Unit</b>	
				<b>Examiner Name</b>	
<b>Sheet</b>	<b>2</b>	<b>of</b>	<b>2</b>	<b>Attorney Docket Number</b>	010398-9065-02

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
		4,656,907	Hymmen	4/1/1987
		5,143,502	Kaufmann et al.	9/1/1992
		4,036,088	Ruskin	7/1/1977
		3,921,487	Otsuka et al.	11/1/1975
		3,735,655	Dedona, et al.	5/1/1973

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
	EP	0283676 A2	Firma Louis Leitz	9/28/1988		X

N:\Client\010398\9065\F0055407.1

<b>Examiner Signature</b>		<b>Date Considered</b>	
---------------------------	--	------------------------	--

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.